## Request For Continued Examination (RCE) Transmittal

Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Application Number	10/698,017	
Filing Date	October 31, 2003	
First Named Inventor	Gilbert G. Weigand et al.	
Group Art Unit	2446	
Conf No.	7142	
Examiner Name	Benjamin R. Bruckart	
Attorney Docket Number	06975-0335001	
 <del></del>	,	

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

١.	amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such					
	amendment(s)					
	a. Previously submitted. If a final Office action is outstanding, any amendment filed after the final Office action may be considered as a submission even if this box is not checked.					
	i. Consider the arguments in the Appeal Brief or Reply Brief previously filed on					
	ii. Dother					
	b. 🛛 Enclosed					
	i. ☑ Amendment/Repły iii. ☐ Information Disclosure Statement (IDS)					
	ii.					
2.	Miscellaneous					
	a. Suspension of action on the above-identified application is requested under 37 C.F.R. §1.103(c) for a period of months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. §1.17(i) required)					
	b. Other					
3.	Fee The RCE fee under 37 C.F.R. §1.17(e) is required by 37 C.F.R. §1.114 when the RCE is filed.					
	a. The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. <u>06-1050</u>					
	i. 🔀 RCE fee required under 37 CFR 1.17(e)					
ii.						
	iii.   Other Any deficiencies					
	b. Check in the amount of \$ enclosed					
	c. 🔲 Payment by credit card (Form PTO-2038 enclosed)					

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED						
Name (Print/Type)	Thomas A. Rozylowicz	Registration No. (Attorney/Agent)	50,620			
Signature	~	Date 16/18/7000				